

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966853	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 10/19/2020
NAME OF PROVIDER OR SUPPLIER JORGE'S HOME INC			STREET ADDRESS, CITY, STATE, ZIP CODE 15172 SW 13TH TERRACE MIAMI, FL 33194		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{A 000}	Initial Comments A revisit to a focused COVID-19 Control/Generator assessment visit was conducted at Jorge's Home Inc. on Deficiencies were identified at the time of visit.	{A 000}			
A 182 SS=I	59A-36.019(3) FAC Emergency Mgmt - Plan Implementation (3) PLAN IMPLEMENTATION. (a) All staff must be trained in their duties and are responsible for implementing the emergency management plan. (b) If telephone service is not available during an emergency, the facility must request assistance from local law enforcement or emergency management personnel in maintaining communication. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that one out of two sampled staff were able to implement the Emergency Power Plan (Administrator). The Administrator was unable to start the portable generator that would be used to cool the facility in the event of a loss of a primary power. Findings Include: On at 9:40 AM, observed a portable generator (Dual Fuel Hybrid Elite XP12000EH) and a propane tank in the backyard. On at 9:45 AM, the Administrator was observed trying to turn on the generator for approximately 15 minutes and was unsuccessful. On at 10 AM, the Administrator stated,	A 182			

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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STATE FORM